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ABSTRACT

This instructor's lesson plan guide on the management of the emotionally disturbed is one of fifteen modules designed for use in the training of emergency medical technicians (pediatrics). Five units of study are presented: (1) emotional aspects of illness and injury; (2) approach to the patient--assessment; (3) psychiatric emergencies such as depression, suicidal behavior, paranoid reactions, and phobias; (4) techniques of management including the use of the open-ended interview as a method of gathering information and of managing an emotional crisis; and (5) clinical experience in the psychiatric unit. Lecture, demonstration, and practice session materials focus on instruction in methods of restraining a combative patient. Each unit contains these elements: behavioral objectives, teaching procedures, a content outline, demonstration outlines, and lists of needed equipment and materials. Student skill evaluation sheets are provided. (It is suggested that each module can be presented individually or combined with other modules to construct a course for a selected group of students. CE 017 514 is a course guide for use in planning and implementing the total training program.) (JH)

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National Training Course

EMERGENCY MEDICAL TECHNICIAN PARAMEDIC

INSTRUCTOR'S LESSON PLANS

Module – XIII

Management of the Emotionally Disturbed

CE 017 527

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

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U.S. Department of Transportation / *National Highway Traffic Safety Administration*

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CE 017 527

HOW TO USE THE INSTRUCTOR LESSON PLANS

NOTES

The *Instructor Lesson Plans* are guides for teaching an advanced-level training program for emergency medical technicians. The *Plans* cannot be used by the instructor to develop the competency to conduct the program; the instructor should have this as a prerequisite to teaching the course.

The *Instructor Lesson Plans* are comprised of 15 modules, each containing the information and instructions needed to conduct a program on a particular subject. Each module can be used by itself or in concert with other modules.

Each module is subdivided into instructional units that deal with a particular segment of the module subject. Generally, the units contain the following components:

- *Performance Objectives.* These are classified as knowledge (K) objectives or skill (S) objectives. They are written in behavioral terms so they can be evaluated either through observation of student activities or through results obtained under specified conditions.
- *Unit Activities.* Reading assignments, reference materials, and outside activities are presented for both the students and the instructor. If the activities are identical, only the instructor's activities are presented.
- *Equipment and Materials.* Educational equipment includes chalkboard, overhead projector, slide projector, and screen. Medical equipment and materials required are drawn from those listed in Appendix F of the *Course Guide*.

- *Content Outline.* This presents the topics to be covered during the presentation of the unit. Where appropriate, it is divided into single skills or concepts. This approach gives the instructor the flexibility to add or delete specific skills and information. The content outline also provides directions to the instructor indicating when the use of demonstrations or group discussions would be most appropriate.

  Because the units are designed to be taught by technically competent instructors, the content outlines are not specific; they only enumerate topics and subtopics. It is expected that the instructor's skill and knowledge will supplement the depth of the course content outline. The instructor is encouraged to prepare additional notes.

- *Demonstration Outlines.* These are designed to present procedural steps that are important in performing the particular skill or calculation. Steps that are critical or that may lead to common errors are emphasized. Where critical steps exist, these outlines suggest what should be demonstrated.
- *Practice Sessions.* These sessions serve as guides to activities to be performed by students applying the skills. They may be performed in the classroom or assigned as homework. During classroom practice sessions, the instructor will be available to observe and correct student performance and to answer any questions.
- *Skill Evaluations.* The skill evaluation sheets provide checkpoints for the instructor to use to insure that students are following appropriate procedures or sequences. Skill evaluation sheets also provide a convenient method for feedback to students having particular problems with a given skill, and for monitoring a student's progress in attaining skill objectives.

  The skill evaluation should occur only after the students have had an opportunity to practice the skill under the supervision of the instructor. The skill evaluation sheets can be distributed during, or before, the demonstration or practice session. Thus, they can be used as a job aid during practice. They should not be used, however, as a job aid while the student is being evaluated. The sheets are designed to provide a learning and evaluation tool

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and are not intended to mandate performance in the field in a set manner, irrespective of the patient's condition or situation.

NOTES

Satisfactory performance of a given skill is defined as the correct performance of all steps in the proper sequence. The instructor's judgment is required to define correct performance and sequence of steps in a skill. Skill evaluations may be repeated at intervals throughout the course to assess skill decay and the need for remedial practice. Some instructors may wish to test skills immediately after they have been learned and again at the conclusion of the course.

The alphanumeric coding system is used to identify the various modules and units. When you see, for example, in Module II, **3.6.1.K**, the **3** indicates the unit, the **6** indicates the main instructional topic, the **1** indicates the subsection of the major topic outlined in **3.6**, and the **K** indicates the teaching objective (in this case, knowledge).

To illustrate further, **3.6.1.K** would translate into:

3 = Unit number
6 = The main topic of the instructional section (The first two numbers—e.g., **3.6**—refer to a major heading in the unit content outline.)
1 = A subsection of the major topic outlined in **3.6** (This number relates to the number of objectives listed under skill or knowledge objectives and not to the content outline.)
K = Knowledge objective
S = Skill objective

The three-digit reference numbers (e.g., **3.6.1**) within each module refer to the topical section in that module only. For example, in Module II, any topical heading with **3.6** as the first two digits refers to the discussion of the components of patient assessment in Unit 3.

A visual presentation of Unit 3, by Module II, of the coding system is presented on the following pages.

SAMPLE PAGE

CODING SYSTEM EXAMPLES

NOTES

- Abdomen
- Extremities

3.6.1.K Given a situation describing a patient with a possible illness or injury who may or may not be able to communicate, the student should be able to describe the procedure for evaluating the patient described. Minimally, the student should include the appropriate primary assessment and specify the order of the four components of the secondary assessment and the areas of the assessment that would be emphasized.

the demonstration, auscultation of the lung, heart, and abdominal sounds.

3.6.1.S Given a student posing as a communicative patient, the student should be able to demonstrate the procedure for conducting a patient assessment when the patient is suspected of having the following:

SAMPLE PAGE

CODING SYSTEM EXAMPLES

NOTES

8. Practice Session 3

3.6. Four components of assessment (order)

A. If the patient can communicate, determine if he has a medical or trauma-related problem.
   1. If a medical problem, the general order should be:
      a. Evaluate the diagnostic and vital signs.
      b Develop the patient's history.
      c. Examine for a medical problem.

Skill Evaluation 3.6.1.S: Assessment of a Communicative Patient With a Suspected Trauma-Related Problem

Place an "X" in the appropriate column to indicate steps that are incorrect, out of sequence, or omitted. The student should be given three attempts to perform the skill.

Equipment

Student posing as a victim
Stethoscope

Clinical Training

To present this program, it will be necessary to have access to the clinical units listed below. If a unit is not available, adjustments should be made to insure that the activities proposed for that unit are included in others. Specific guidelines for the clinical units are included in the modules. The student's training should be supervised in each of the following clinical areas:

- Emergency department
- Intensive care unit/coronary care unit
- Operating/recovery room
- Intravenous (IV) team
- Pediatric unit
- Labor suite/delivery room/newborn nursery
- Psychiatric unit
- Morgue
- Mobile intensive care unit

Sample forms for maintaining student activity records are included in the *Instructor Lesson Plans*. The forms are designed so that the medical director can determine the number of times, and how successfully, a student has performed a skill. The medical director also will be able to determine how much time the student needed to become proficient in the skill. Further, the medical director will be able to evaluate student performance under a number of preceptors, because certain skills are repeated in various clinical units (e.g., initiating an IV is performed by the student with the IV team and in the emergency department and intensive care unit).

Although the clinical experience is listed with the module, it need not be presented each time, even if a number of modules are being presented.

Testing and Evaluating the Student

It is recommended that each student be evaluated on proficiency of skill and knowledge at the completion of each module. Skill evaluation sheets have been provided for each skill in each unit. These sheets can be used as guides for evaluating the student's skill proficiency. The evaluation of the knowledge objectives is left to the discretion of the instructor, according to predetermined objectives.

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Testing of knowledge should stress areas of clinical relevance over basic science. No matter what type of evaluation system is used, students should be kept informed of their progress and should be given additional activities to supplement weak areas.

As previously stated, the emphasis is on student competency, rather than on the total number of hours the student is involved in the program. Thus, it is possible for the student to be tested and given credit for any module. The medical director should not assume the student's competency simply because of prior training, but should develop an evaluation method to determine the student's proficiency based on first-hand observation and experience. With this type of method, it is possible for students to receive credit for prior training experience. This would be especially applicable for those modules that are primarily a review of skills concerned with Emergency Medical Technician-Ambulance; for example, soft-tissue injuries and rescue.

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MODULE XIII EMERGENCY CARE OF THE EMOTIONALLY DISTURBED

INTRODUCTION

Prerequisites

The students must have successfully completed the following modules:

I. The Emergency Medical Technician, His Role, Responsibilities, and Training

II. Human Systems and Patient Assessment

III. Shock and Fluid Therapy

Description of Module

This module is designed to provide training in the recognition and care of emotionally disturbed patients encountered by paramedics in the field. Experienced paramedics often describe this type of situation as one of the most difficult encountered due to the absence of clear guidelines for the assessment and management of such patients. The complexity of the human personality, the problems of patient assessment, and the failure to understand local resources all contribute to the lack of confidence present when dealing with emotionally disturbed patients. The following is a summary of the topics discussed in this module:

Unit 1. Emotional Aspects of Illness and Injury: Emotional disturbance is defined in this unit, as are the effects of crisis on

patients, family, bystanders, and the paramedic himself. Before any assessment of a patient may begin, the paramedic should know the causes of anxiety and stress as well as how those problems may emerge in abnormal behavior.

Unit 2. Approach to the Patient—Assessment: The first encounter with such a patient plays an important role in the development of rapport and the eventual result of any management techniques employed. Specific guidelines are provided in the types of information that should be gathered during patient assessment and the methods of obtaining that information. Structured thinking is emphasized as the method through which a complete set of assessment information may be obtained.

Unit 3. Physchiatric Emergencies: Specific psychopathologies are presented in a manner that discusses the causes, manifested behaviors, and methods of management. The problems described include such situations as depression, suicidal behavior, paranoid reactions, phobias, disorganization, and disorientation.

Unit 4. Techniques of Management: This unit discusses the open-ended interview as a method of not only gathering information, but also managing an emotional crisis. Specific guidelines are presented that are designed to help direct the interview in a productive way. The types of local resources available are described and methods for the use of those resources are discussed. If a patient is prone to overt hostility and violent behavior, it may be necessary to restrain him. There are lecture, demonstration, and practice session outline materials provided in this unit to instruct the student in the methods of restraining a combative patient.

Unit 5. Clinical Experience: This unit includes experience in the psychiatric unit.

NOTES

UNIT 1

emt-p

EMOTIONAL ASPECTS OF ILLNESS AND INJURY

NOTES

Knowledge Objectives

After completing this module, the student should be able to correctly respond to at least 80 percent* of the following:

1.1.1.K Given a list of causes, the student should be able to correctly identify those causes that might account for abnormal behavior. The list will include items such as:

- Alcohol
- Drugs
- Epilepsy
- Diabetes
- Head injuries
- Arteriosclerosis
- Hypertension
- Severe infection
- Psychiatric problems

1.3.1.K Given a list of activities, the student should be able to select those activities to be performed that will mitigate anxiety in bystanders.

1.3.2.K Given a list of situations, the student should be able to correctly identify the situations in which the bystander should be removed from the situation.

1.4.1.K Given a list of effects, the student should be able to select the adverse effects of crisis situations on paramedics and list at least three means of managing those problems.

*The selection of 80 percent as a passing criterion is arbitrary and can be modified.

1.5.1.K Given a list of reactions, the student should be able to select at least five reactions to mass-casualty situations.

1.5.2.K Given a list of management techniques, the student should be able to select those techniques to be used in mass-casualty situations.

NOTES

Instructor Activities

Assign the material referred to below during the class period immediately before beginning the unit:

- Chapter 13, Unit 1, of the *Text*
- Knowledge objectives of this unit
- Chapter 1, *Emergency Psychiatric Care*. Harvey L. P. Resnik and Harvey L. Ruben. Bowie, Md.: The Charles Press, 1975.

Prepare a lecture, including any audiovisual support materials, compatible following the content outline on page XIII-5. Included here are some suggested instructional techniques.

- Introduction: Write those topics on the chalkboard and allow them to remain there during the entire unit.
- 1.1B1: Ask students to describe problems that result in behavior change.
- 1.4C: Ask the students to list observed responses to crisis in their own ranks.
- 1.4D: Ask students how they would resolve the problems listed.
- 1.5A1: Ask students to describe a normal reaction to emergency situations.

Test the students upon completion of the unit or at the end of the module, using the objectives as a guide.

Equipment and Materials

Equipment—Educational

Chalkboard and chalk

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Equipment--Medical

None

Materials

Knowledge objectives (optional)
Written examination
Answer sheets and pencils
Text
Emergency Psychiatric Care

Content Outline

Introduction

- Point out that during this unit, the following topics will be discussed:
  - Emotional disturbance
  - Responses of the patient to illness and injury
  - Responses of the family, friends, and bystanders
  - Responses of the paramedic
  - Responses of the patients and bystanders to mass casualties
- Write the topics on the chalkboard.

1.1. Emotional disturbance

A. Abnormal behavior
   1. Point out that it is not always a symptom of a chronic emotional disturbance.
   2. Point out that it is present in a variety of circumstances.
   3. Point out that it is caused by physical or emotional factors.

B. Causes of behavior change—ask the students to list some causes.
   1. Alcohol
   2. Trauma affecting the brain function (e.g., head injury)
   3. Biochemical imbalance (e.g., hypoglycemia)
   4. Organic medical problems (e.g., cerebrovascular accident)
   5. Drug abuse
   6. Psychiatric problems (e.g., conversion reaction)
   7. Emotional stress situations (e.g., trauma to others)

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1.2. Responses of the patient to illness and injury

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A. The following are common reactions to anxiety:
   1. Realistic fears (e.g., pain, death, disability, or economic difficulties)
   2. Diffuse anxiety (e.g., totally helpless, relying on others)
   3. Depression (a response to loss)
   4. Regression (an escape to a more primitive mode of behavior)
   5. Denial (the failure to perceive)
   6. Displacement of anxiety or aggression (may be directed toward those around him instead of the actual problem)
   7. Confusion

B. Unfamiliar people and situations may magnify the problems present.
   1. Patient may require support from familiar persons.
   2. A physical examination may heighten anxieties in an otherwise stable patient.
      a. Develop some rapport prior to the examination.
      b. Remember, privacy, professionalism, and efficiency must be maintained.
   3. Note that with an anxious or confused patient, meticulous explanations of procedures may be required.

1.3. Responses of the family, friends, or bystanders

A. Anxiety may be manifested in those other than the patient.
B. Anxiety may be more severe than the injury or illness of the patient.
C. Anxiety may be displaced to the paramedic.
   1. Hostility directed toward the paramedic is common.
   2. Such hostility should not affect the paramedic's attitude, judgment, or treatment.
D. Severe anxiety in someone other than the patient may result in their need for care.
E. Severe anxiety reactions may be avoided in family, friends, and bystanders by good scene management, which might include:
   1. Removal of unnecessary persons from disturbing situations

2. Delegation of some tasks to anxious or potentially anxious persons
3. Recognition and separation of individuals in interpersonal conflict

NOTES

1.4. Responses of an Emergency Medical Technician (EMT)

A. A professional attitude must be maintained while the paramedic should possess:
   1. Warmth
   2. Sensitivity
   3. Compassion

B. In dealing with emotionally disturbed patients, an EMT should:
   1. Intervene in the situation to the extent he feels capable
   2. Be aware of his own professional limitations
   3. Note that if he is not capable of dealing with the situation, he should seek professional assistance
   4. Not overreact to the patient's behavior or emotional attacks
   5. Assess the patient's needs and try to meet them

C. Crisis situations may affect the paramedic adversely, including periods of (ask the students to list):
   1. Anxiety
   2. Impatience
   3. Anger

D. Common emotional difficulties of the paramedic may be managed (ask the students how)
   1. Discuss problems and anxieties with coworkers.
   2. Discuss problems with the supervisor.
   3. Develop a regular discussion or rap session with peers to discuss good and bad experiences.

1.5. Responses of patients and bystanders to mass casualties

A. Reaction
   1. Normal reaction (ask the students to describe)
      a. Discuss extreme anxiety.
      b. Discuss physical reactions including sweating, tremulousness, weakness, and nausea.

c. Point out that these reactions are usually of short duration.

2. Blind panic
   a. Discuss extreme anxiety.
   b. Discuss complete loss of judgment.
   c. Point out that this reaction may expand to others present resulting in mass panic.
3. Depression
   a. Person sits or stands in a numbed, dazed state.
   b. Depression can be prolonged if the patient is not brought back to reality.
   c. Person should perform some activity to develop and maintain contact with reality.
4. Overreaction
   a. Compulsive talking
   b. Inappropriate behavior
   c. Hyperactive and impeding normal resolution of events
5. Conversion hysteria
   a. Person's reaction may move from extreme anxiety to relative calmness.
   b. Person may transform anxiety to some bodily function.
   c. Person often becomes hysterically blind, deaf, or paralyzed.
   d. Conversion reaction may be linked to precipitating factor (e.g., a patient views a grotesque sight and then becomes blind).

B. Management
   1. Remember, life-threatening injuries receive first priority.
   2. Take command of the situation.
   3. Control the spectators.
   4. Assign the bystanders to perform some tasks when appropriate.
   5. Accept the patient's feelings; do not tell him how to feel.
   6. Identify the remaining resources among the casualties.
   7. Do not try to force casualties to overcome handicaps.
   8. Use a calm, reassuring attitude as a sedative.
   9. Accept your own limitations.

NOTES

UNIT 2 emt-p

APPROACH TO THE PATIENT — ASSESSMENT

NOTES

Knowledge Objectives

A[illegible] completing this modulde, the student should be able to correctly respond to at least 80 percent* of the following:

2.1.1.K Given a list of reasons, the student should be able to select the reasons that the emotionally disturbed patient has an immediate need for reassurance.

2.1.2.K Given a list of reasons, the student should be able to select the reasons in-depth counseling is difficult for the paramedic to perform in the field.

2.2.1.K Given a list of types of information, the student should be able to select the types of information that should be part of a systematic gathering of information from a disturbed patient.

2.2.2.K Given a list of techniques, the student should be able to select those techniques that should be used in obtaining patient assessment information.

2.2.3.K Given a list of procedures, the student should be able to correctly identify the procedure(s) to use when confronted

*The selection of 80 percent as a passing criterion is arbitrary and can be modified.

with an emotionally disturbed patient who is noncombative.

NOTES

Instructor Activities

Assign the material referred to below during the class period immediately before beginning the unit:

- Chapter 13, Unit 2, of the *Text*
- Knowledge objectives of this unit
- Chapter 3, *Emergency Psychiatric Care*. Harvey L. P. Resnik and Harvey L. Ruben. Bowie, Md.: The Charles Press, 1975.

Prepare a lecture, including any audiovisual support materials, compatible following the content outline on page XIII-11. Included here are some suggested instructional techniques:

- Introduction: Write topics on the chalkboard and allow them to remain there during the entire unit.
- 2.1D2: Ask students what they usually do upon arriving at a scene and discovering an emotionally disturbed person.
- 2.2D: Prepare a handout including Items 1–8 and discuss with class.

Test the students upon completion of the unit or at the end of the module using the objectives as a guide.

Equipment and Materials

Equipment--Educational

Chalkboard and chalk

Equipment—Medical

None

Materials

Knowledge objectives (optional)
Written examination
Answer sheets and pencils
Text
Emergency Psychiatric Care

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Content Outline

NOTES

Introduction

- Point out that during this unit, the following topics will be discussed:
  - — Field problems of assessment
  - — Mental status assessment
- Write topics on the chalkboard.

2.1. Field problems of assessment

A. Point out that the patient may have an immediate need.
   1. The patient may be in the midst of an emotional crisis.
   2. The patient may have an immediate need for attention.
   3. The patient requires relief from emotional distress.

B. Discuss the paramedic's response.
   1. To prevent further injury to the patient or others
   2. To attempt to alleviate anxiety and guilt
   3. To prevent further disorganization

C. Point out that in-depth counseling is difficult to perform.
   1. Environment and situation are often against the paramedic in the field.
   2. Other patients may require attention.
   3. A lengthy discussion with the paramedic may be required if it provides emotional relief.
   4. If a crisis worker is present, he or she may be most capable of managing the crisis.
   5. The level of paramedic training in crisis intervention limits counseling ability.
      a. Training is limited in scope.
      b. Instruction is not designed to train crisis intervention workers.

D. Discuss the two types of situations in which emotionallly disturbed patients are encountered:
   1. One situation is that dispatch information indicates an emotional problem is present.
      a. Note that this person may be referred to a crisis intervention team.
      b. Contact support services, if available.
      c. Prepare en route.
   2. The other situation is discovered at the scene (ask the students what to do).

a. Note that emotional distress may be present in the patient, family, or bystanders.
b. Do not deny the existence of an emotional problem, in addition to physical injury or illness.
c. Be professional and efficient in management.
d. Notify dispatcher of new or additional information.
e. Notify support services, if available.

2.2. Mental status assessment

A. Point out that an EMT should gather only the information critical to immediate management.
B. Discuss sources of information:
   1. Observed by the EMT
   2. Volunteered from the patient
   3. Volunteered from an informant (e.g., family member, neighbor, etc.)
   4. Obtained through an interview with the patient or informant
C. Point out that an EMT should determine the reliability of information obtained.
D. Point out that a systematic approach to gathering information is critical and may include:
   1. Personal items
      a. Name
      b. Age
      c. Address, etc.
   2. Precipitating problem leading to the crisis
      a. What is the problem?
      b. When did it start?
      c. Is the problem chronic or acute?
   3. Current life situation
      a. Family and living status
      b. Significant others and responsibilities
      c. Employment status
      d. Unusual habits
      e. Medical or psychiatric treatment status
   4. Recent history
      a. Changes in life situation
      b. Changes in feeling
      c. Illness (mental or physical)
      d. Injestion of intoxicants or medication

NOTES

5. Past history (including family history)
   a. Illness, suicide, use of alcohol or drugs
   b. Significant events
   c. Relationships
6. Previous mental or physical illness
   a. Where? When? Why? Nature of treatment
   b. Symptoms of recent physical illness
7. Mental status
   a. General appearance and mood
   b. Level of consciousness
   c. Expressive behavior
   d. Thought processes (logic and appropriateness)
   e. Thought content
   f. Perception
   g. Memory
   h. Judgment
   i. Insight as to the seriousness of the problem
   j. Personality type
8. Assessment conclusions
   a. How serious is the problem now?
   b. Will it become predictably more serious soon?
   c. Treatment options available?

E. Method of gathering information
   1. Strict adherence to an interview "checklist" is usually not practical.
   2. Much of the required information can be gathered without direct questioning.
   3. Patient should be allowed to take the lead in the assessment session unless:
      a. Essential information must be obtained before it will be lost
      b. The patient is depressed or minimally responsive
   4. If a patient is reluctant to respond to some questions, EMT should not press, or the patient may withdraw completely.
   5. Irrelevant information must be assessed, but only briefly.
   6. EMT must not be moralistic.
   7. A calm, self-assured manner helps to improve the situation.

NOTES

UNIT 3 emt-p

PSYCHIATRIC EMERGENCIES

NOTES

Knowledge Objectives

After completing this module, the student should be able to correctly respond to at least 80 percent* of the following:

3.1.1.K Given a list of behaviors, the student should be able to select the behaviors that indicate depression.

3.2.1.K Given a list of behaviors, the student should be able to select those behaviors that are indirect methods of communicating suicidal behavior.

3.2.2.K Given a list of risk factors, the student should be able to select those that are risk factors for suicide.

3.2.3.K Given a list of techniques, the student should be able to select those techniques to be used in the management of suicidal patients.

3.3.1.K Given a list of statements, the student should be able to select the statement that best describes the cause of rage, hostility, and violent behavior.

3.3.2.K Given a list of statements, the student should be able to select the one that best describes the appropriate paramedic response to a hostile and violent patient.

*The selection of 80 percent as a passing criterion is arbitrary and can be modified.

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3.3.3.K Given a list of statements, the student should be able to select the one describing the best option available if a paramedic cannot calm a hostile patient.

3.4.1.K Given a list of behaviors, the student should be able to recognize the types of behavior manifested in a patient with a paranoid reaction.

3.4.2.K Given a list of techniques, the student should be able to select the techniques to be used in the management of the paranoid patient.

3.5.1.K Given that a phobia is a fear of some situation or person, the student should be able to list at least nine common phobias.

3.5.2.K Given that a phobic patient is to be managed, the student should be able to list the procedures for the management and transportation of the phobic patient.

3.6.1.K Given a list of statements, the student should be able to select those statements that differentiate a hysterical reaction from organic illness.

3.6.2.K Given a list of functions, the student should be able to select the useful functions served by a hysterical conversion reaction.

3.6.3.K Given that a patient is experiencing a conversion reaction, the student should be able to describe the differences in management between such a patient and a patient with a "real" injury or illness.

3.7.1.K Given a list of behaviors, the student should be able to select those behaviors found in a disorganized patient.

3.7.2.K Given that a patient is disorganized, the student should be able to list the major component of the care of such a patient.

3.7.3.K Given a list of behaviors, the student should be able to select those behaviors found in a disoriented patient.

Instructor Activities

Assign the material referred to below during the class period immediately before beginning the unit:

- Chapter 13, Unit 2, of the *Text*
- Knowledge objectives of this unit
- Chapter 3, *Emergency Psychiatric Care*. Harvey L. P. Resnik and Harvey L. Ruben. Bowie, Md.: The Charles Press, 1975.

Prepare a lecture, including any compatible audiovisual support materials following the content outline on page XIII-18. Included here are some suggested instructional techniques.

- Introduction: Write the items on the chalkboard and allow them to remain there during the entire unit.
- 3.1A: Ask the students for causes of depression.
- 3.2B: Ask the students for relevant factors that might be used.
- 3.3F: Ask the students to describe what should be done.
- 3.4: Ask the class to provide a definition.
- 3.4C: Ask the class to list common phobias.

Test the students upon completion of the unit or at the end of the module, using the objectives as a guide.

Equipment and Materials

Equipment—Educational

Chalkboard and chalk

Equipment—Medical

None

Materials

Knowledge objectives (optional)
Written examination
Answer sheets and pencils
Text
Emergency Psychiatric Care

NOTES

Content Outline

NOTES

Introduction

- Point out that in this unit, the following psychiatric problems will be discussed:
  - — Depression
  - — Suicide
  - — Rage, hostility, and violent behavior
  - — Paranoid reactions
  - — Phobias and anxiety reactions
  - — Hysterical conversion reactions
  - — Disorganization and disorientation
- Write these topics on the chalkboard.

3.1. Depression

A. Discuss the causes (ask the students for causes).
   1. Loss of any significant person, item, or pet
   2. Guilt feelings

B. Point out that the patient usually seems sad.
   1. Point out that the person may exhibit persistent pessimism.
   2. Point out that the person may exhibit a tendency to cry easily at emotional events.
   3. Point out that the person may exhibit feelings of hopelessness, worthlessness, and isolation (in more severe cases).
   4. Point out that the person may exhibit withdrawal from social relationships.
   5. Point out that the person may be agitated and overly active, or may be very lethargic.
   6. Point out that the person may exhibit sleeplessness and a loss of appetite.

3.2. Suicide

A. Primary motivations of suicide
   1. Loss of effective communication of feelings of hopelessness
      a. Attempts may be made to communicate directly (e.g., "I don't want to live").

b. Indirect communication may involve procuring a gun or sedative drugs.

2. Ambivalence
   a. This person cannot decide whether to live or die.
   b. Suicide attempts are usually unsuccessful in the patient with these feelings.
   c. In management of this type of patient, an EMT should make use of the patient's own desire to live.
3. Manipulation of relationships
   a. The person attempts to arouse sympathy or anxiety in others.
   b. The paramedic's response must not depict anxiety or omnipotence.

B. Assessment of suicide potential (ask the students for relevant factors)—risk factors

1. Age and sex as factors
   a. More men commit suicide than women.
   b. Older persons are more successful than younger persons.
2. The suicide plan
   a. Assess how relatively lethal the method selected is (e.g., gun vs. a few pills).
   b. Assess how available the method selected is (e.g., is the gun in the patient's hand?).
   c. Assess how specific the plan is—the more specific and detailed, the greater the suicide potential.
3. Stress the precipitating suicidal behavior
   a. An EMT should evaluate stress from the patient's point of view.
   b. If stress and symptoms are severe, the suicide potential is high.
   c. If symptoms are severe and stress is low, either the facts are incomplete or the patient is chronically unstable.
4. Symptoms
   a. Point out that most symptoms relate to depression.
   b. Point out that agitation is exhibited through tension, guilt, poor impulse control, or feelings of anger or revenge.
   c. Point out that agitation may occur in alcoholics,

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homosexuals, and drug addicts (agitation is common among these groups).

d. Point out that agitation may occur with psychotic states.

5. Resources
   a. Inquire as to what resources are available to help lend support in the suicidal crisis (e.g., family, close friends, physicians, or clergy).
   b. Consider aspects of the patient's life that may provide a resource (e.g., his job or other aspects providing self-esteem).
   c. Remember that with no support available or all sources exhausted, the suicide potential is great.

6. Lifestyle
   a. Two basic life styles of a suicidal person are:
      (1) Previously stable lifestyle with no history of suicidal behavior
      (2) Unstable lifestyle with a possible history of character disorders and repeated difficulties with major situations
   b. Action in response to an acute suicidal situation in a stable individual must be responsive and active.
   c. In dealing with an unstable person, the paramedic must be slower and more thoughtful.

7. Communication
   a. Determine if communication still exists between the suicidal person and others.
   b. Note that communication may be either verbal or nonverbal; direct or indirect.
   c. Note that communication among everyone involved must be open and clarified.

C. Management of a suicidal crisis
   1. Gain access to the patient.
      a. Point out that breaking in may be necessary.
      b. Point out that an EMT should not break in if the patient is conscious and willing to talk through the barrier.
   2. Consider armed individuals as potentially homicidal, as well as suicidal.
   3. Give emergency care, if required, first priority.

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4. Conduct a brief interview to assess the situation and determine further action.
5. Remember, every attempted suicide must be evaluated by a physician; summon police help if needed to transport the patient to the hospital.

3.3. Rage, hostility, and violent behavior

A. Point out that these are not specific psychiatric emergencies, but symptoms of an underlying problem.
   1. May be a response to an illness
   2. May be a way of dealing with feelings of helplessness
B. Point out that the paramedic must not respond with anger or defensiveness.
C. Point out that a one-to-one discussion should occur in a separate room, if conditions permit (i.e., if the paramedic is not going to be in danger).
   1. Tell him what he can expect from you and your crew.
   2. Tell him what you expect from him.
   3. If he is angry with you, ask him why.
   4. Tell him you are there to help him.
D. Point out that if hostility and violent behavior cannot be circumvented through "talking him down," restraint may be necessary. (See Unit 4.)
E. Point out that understanding and professionalism are most important in this type of situation.
F. Point out that if the situation cannot be controlled by the paramedic, appropriate law enforcement personnel must be notified quickly.

3.4. Paranoid reactions

A. Paranoid reactions form a bridge between normal and delusional thinking.
B. Behavior is suspicious and distrustful.
   1. Patient may focus on a specific individual or group of individuals (e.g., "they" are after the patient).
   2. Many fears and suspicions center around the "plot" to get the patient.
   3. Patient may be jealous, grandiose, or erotic.
   4. Patient is prone to outbursts of bizarre or aggressive behavior.

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C. Paranoid reactions may be present in patients with otherwise normal personality traits.
   1. Patient may function normally under most circumstances.
   2. Acute anxiety may result in an emergence of paranoid reactions.
   3. Greatest need is to check the validity of the patient's observations.
      a. Development of the patient's trust in others is necessary.
      b. The paramedic may provide a cooler, more objective point of view.

D. Disabling paranoid reactions may appear in psychotic patients.
   1. Cannot function normally in any aspect of their personality
   2. Cannot (or will not) trust anyone
   3. Have easily confirmed delusions

E. Onset may occur in several ways:
   1. Sudden and dramatic
      a. Sudden internal or external crisis overwhelms adaptive and defensive systems.
      b. Prolonged period of increasing stress suddenly causes a conscious paranoid reaction.
   2. Preceded by a well-marked incubation period
      a. The patient's first reactions to stress are marked by partial or complete withdrawal.
      b. The patient tries to privately seek a unifying "explanation."
      c. Suddenly, everything becomes "clear."
   3. Gradual, insidious onset, without sudden crystallization

F. Management of paranoid-reaction patients entails the following:
   1. The paramedic should clearly identify himself and explain what he is trying to do.
   2. Kindness and warmth may be interpreted as an attempt to gain the patient's confidence in order to "get" the patient.
   3. The paramedic's attitude should be friendly, yet somewhat distant and neutral.

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4. The paramedic should never respond to any patient's anger.
5. The paramedic should not go along with delusional statements to conciliate the patient.
6. The paramedic should agree or disagree with statements honestly and consistently.
7. The paramedic should interview informants in the patient's presence and with his permission if possible.
8. The paramedic should not speak with informants in hushed, secretive tones; this will reinforce paranoid delusions.
9. The paramedic should use tact and firmness in persuading the patient to go to a hospital.
10. The paramedic should not lie to any patient, especially a paranoid one.

3.5. Phobias (ask the students for a definition) and anxiety reactions

A. Define phobia as a specific fear of some situation, thing, or person.
   1. An exaggeration of a common fear beyond all reason, or
   2. A fear that almost no one else can share

B. Point out that a phobic patient often regards his fear as something unreasonable, peculiar, or even absurd.

C. Discuss common phobias (ask the students to list).
   1. High places
   2. Enclosed places
   3. Wide-open places
   4. Animals
   5. Weapons
   6. Contaminants
   7. Public gatherings
   8. Vehicles
   9. Accidents
   10. Natural dangers
   11. Strangeness
   12. Special places, people, or situations

D. Discuss the management of phobic patients
   1. The EMT should meticulously explain each step necessary to treat and transport the patient.

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2. The EMT should not try to resolve the phobia by discounting it as ridiculous.
3. The EMT should describe all patient care activities before and as they are performed.

E. Point out that anxiety attacks are typified by intense fear (often of nothing specific).
1. Person may be tense and restless.
2. Person may pace and wring hands.
3. Tremors may be present.
4. Tachycardia, dyspnea, sweating, and diarrhea may be present.
5. Hyperventilation is common.
6. Person tends to make those around him anxious.

F. Discuss the management of an anxiety attack.
1. Separate the patient from other anxious people or from a tense environment.
2. Identify yourself clearly and confidently.
3. Explain that effective treatment is available for this problem.
4. Be firm but supportive.
5. Explain everything you do.
6. Continue to remain with the patient (do not leave him) and provide reassurance.

3.6. Hysterical conversion reaction

A. Define it as the displacement and projection of some inner conflict to a specific part of the body or function (give examples).

B. Point out that the patient passively accepts his altered function as the evidence that he is ill or disabled.

C. Point out that the conversion reduces tension and anxiety.

D. Point out that when a patient realizes his symptom is emotional in origin, he becomes overtly anxious.

E. Discuss the management of hysterical-conversion-reaction patients.
1. Do not try to convince the patient that his problem is "all in his head" even though it may be.
2. Treat the symptoms as if they are real since they may be.

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3. Inform the receiving institution staff of any evidence that the patient may be experiencing a conversion reaction.

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3.7. Disorganization and disorientation

A. Uncontrolled and disconnected thoughts characterize a *disorganized* patient.
   1. Usually incoherent or rambling in his speech
   2. May be wandering aimlessly
   3. May be dressed inappropriately

B. Disorganized patients require structure.
   1. The paramedic should explain what he is trying to do.
   2. The paramedic should explain the patient's role.

C. Disoriented patients usually do not know where they are, what day it is, or even their own name.
   1. Point out that this situation is common among the elderly.
   2. Point out that this situation may be complicated by regression.
   3. Point out that head injury, drug ingestion, and metabolic disorders may cause disorientation.

D. The disoriented patient should be oriented as to time, place, and people by the paramedic.
   1. The paramedic should tell the patient who he is and what he is doing.
   2. The paramedic should be patient—several explanations may be required.

UNIT 4 emt-p

TECHNIQUES OF MANAGEMENT

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Knowledge Objectives

After completing this module, the student should be able to correctly respond to at least 80 percent* of the following:

4.1.1.K Given the following information describing a situation involving an emotionally disturbed patient:

Dispatcher has called you to the scene, has made arrangements for the proper commitment forms, and has given you the following information:

- Patient is a male.
- Patient is 29 years of age.
- Patient is being treated by a psychiatrist for some sort of emotional disturbance.
- Patient became threatening and violent when told he was going to be laid off with other people by his boss [gives name].
- Patient is in his office [location given] with a sharp letter opener threatening co-workers.
- Police have been contacted.

Upon arriving at the scene, you locate the patient and his boss in the patient's office; the police are not yet there. You enter the door to the office and find the patient with a letter opener pointed at the boss, and you hear the following:

Patient: I am going to get them, all of them. They aren't going to do this to me. They think their smiles and grins are going to fool me, but they're not . . . .

Boss: Settle down, George. No one is out to get you. You are being paranoid and must immediately stop this behavior . . . .

*The selection of 80 percent as a passing criterion is arbitrary and can be modified.

Patient: They are talking about me . . . spreading rumors about me . . . I am not going to wait for them to come to me. I'll show them . . . and I'll start with you . . . .

Boss: George, who are "they"? You are being paranoid . . . I have never treated you unfairly . . . and now look what you are doing to me . . . Don't threaten me . . . you . . . insane maniac . . . .

Patient lunges forward at the boss but misses and steps backward to his original position.

And given a list of activities, the student should be able to correctly identify the first activity to be performed in this situation.

4.1.2.K Given the above situation and a list of responses, the student should be able to correctly identify what things should not be said to the patient. The list will contain among other items such things as:

- "Give me that letter opener."
- "I see you don't like your boss."
- "I am here to help you."
- "Why don't you like your boss?"

4.1.3.K Given the above situation and a list of responses, the student should be able to correctly identify the best response to give the patient who asks, "Who are you and what are you doing here?"

4.1.4.K Given the above situation and a list of verbal reactions, the student should be able to correctly identify the best words to say to the patient to calm him down.

4.1.5.K Given the above situation and a list of responses, the student should be able to correctly identify the best response to give the patient when he asks, "Aren't I right . . .? Don't you think that this is the way it should be . . . .?"

4.1.6.K Given that the patient in the above situation has calmed down (i.e., there are no signs of violence) and a list of phrases, the student should be able to correctly identify

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what phrase would be the best to use to ask the patient to accompany you to the hospital.

4.1.7.K Given the above situation and a list of strategies, the student should be able to correctly identify the strategy(ies) to use when the patient says " . . . but you . . . you're just a nobody like the rest of us . . . Your job isn't important . . . Who do you think you are? . . . You're a nobody, a dummy . . . ."

4.1.8.K Given the above situation and a list of responses, the student should be able to correctly identify the response to give the patient when he says, "No, I will not go with you. You are out to get me too . . . ."

4.1.9.K Given that interviews should be as open-ended as possible, the student should be able to list at least two situations in which an open-ended interview cannot be performed.

4.1.10.K Given a list of responses, the student should be able to correctly identify the best response to give an emotionally disturbed patient who asks, "Where do you plan to take me?"

4.2.1.K Given a list of situations, the student should be able to correctly identify the situations in which a rescuer can restrain or transport a patient forcibly against his will. The list, among other items, will contain:

- A request by the patient's family
- A request by the bystanders
- A request from a doctor
- A patient exhibiting homicidal or suicidal tendencies
- A request with police authorization

4.2.2.K Given a list of activities, the student should be able to correctly identify which activity(ies) should be undertaken when an emotionally disturbed patient physically attacks the rescuer.

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4.2.3.K Given a list of activities, the student should be able to identify the correct activity(ies) to perform when confronted with an emotionally disturbed patient who is homicidal or who is unwilling to be committed.

4.2.4.K Given a list of locations, the student should be able to correctly identify the locations where straps are placed to restrain a supine patient on a stretcher.

4.2.5.K Given a list of locations, the student should be able to identify the correct locations in which the rescuer should place himself in relation to an emotionally disturbed patient and the ambulance doors during transportation.

4.2.6.K Given a list of activities, the student should select the activity(ies) to be performed when confronted by an armed patient.

4.3.1.K Given that there are local resources to help the emotionally disturbed patient and the paramedic, the student should be able to list at least four local resources.

4.3.2.K Given a list of ways, the student should be able to select those in which each of the four types of local resources may be of assistance.

Skill Objective

After completing this module, the students should be able to correctly perform each skill objective. "Correctly" will be defined by the instructor during the lecture and demonstration sessions. Skill-evaluation sheets are included in the module.

4.1.1.S Given cravats, a multilevel stretcher or a portable stretcher, restraining straps, and a student as a combative patient, the student should be able to correctly restrain the patient on the stretcher. As minimum behavior, the patient should be restrained in such a way that (1) movement is prevented, (2) the restraints could not

cause potential physical problems to the patient, (3) minimum reasonable force is used, and (4) the entire procedure does not require more than 5 minutes. Each of these criteria will be judged by the instructor.

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Instructor Activities

Assign the material referred to below during the class period immediately before beginning the unit:

- Chapter 13, Unit 3, of the *Text*
- The skill and knowledge objectives of this unit
- Chapter 3, *Emergency Psychiatric Care*. Harvey L. P. Resnik and Harvey L. Ruben, Bowie Md.: The Charles Press, 1975.

Prepare a lecture, including any compatible audiovisual support materials, following the content outline on page XIII-32. Included here are some suggested instructional techniques.

- Introduction: Write topics on the chalkboard and allow them to remain throughout the unit.
- 4.2.A1: Ask the students to describe their law.
- 4.2.B: Ask the students what to do.
- 4.2.C: Ask the students for a definition of reasonable force.
- 4.3: Ask the students to list applicable local resources.

Test the students upon completion of the unit or at the end of the module, using the objectives as a guide.

Equipment and Materials

Equipment—Educational

Chalkboard and chalk

Equipment—Medical

Multilevel stretcher (one for every five or six students)
Cravats (six for each stretcher)
Nine-foot straps (three for each stretcher)

Materials

Knowledge objectives (optional)
Written examination
Answer sheets and pencils
Text
Emergency Psychiatric Care

Content Outline

Introduction

- Point out that during this unit, the following management techniques will be discussed:
  - — Interview techniques
  - — Violence containment
  - — Use of local resources
- Write the topics on the chalkboard.

4.1. Interview techniques

A. Point out that limited interviews may be conducted in the field.
   1. The situation will dictate the scope of the interview.
   2. Only information critical to the field management and transportation of the patient should be gathered (unless volunteered by the patient).
   3. The patient's emotional condition will affect what information can be obtained.
   4. Any interview should be open-ended unless:
      a. Essential information must be gathered immediately (e.g., "what did you take?").
      b. The patient will not talk at all.
   5. An EMT should be prepared to spend whatever time may be required in the management of such a patient (he should not rush).

B. Guidelines for management of the interview
   1. Calm the person and relieve anxiety and stress, if possible.
   2. Remove the person from the crisis situation and exclude disturbing persons and objects.

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3. Communicate confidence in yourself, honesty, firmness, and reasonableness on important issues.
4. Rather than agree or disagree on distortions of reality, realize that these distortions are real for him.
5. Encourage the person to sit and relax if he is not.
6. Present an attitude that the crisis is a temporary difficulty, likely to resolve quickly without aftereffects.
7. Encourage the person to speak freely in his own words.
8. When the person begins talking, interrupt as little as possible.
9. Do not be afraid of long silent periods—remain relaxed and attentive.
10. If the patient stops talking to express emotion (e.g., cry), do not forestall such expressions by talking.
11. Facilitate the patient's efforts to relate his story by encouraging nods of your head and an occasional phrase like "I see."
12. Try to build a sense of structure if the patient views the total situation as chaotic and unexplainable.
13. Do not argue with the patient if he disagrees with you.
14. If you must ask questions to keep the interview moving, avoid yes-no questions.

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4.2. Violence containment

A. Point out that severely disturbed patients who pose a threat to themselves or others may be hospitalized against their will, with police authorization only.
   1. Each State has a statute covering the criteria for involuntary commitment (ask students to describe their law).
   2. The paramedic must have a clear understanding of all applicable laws.
   3. A standard set of procedures must be developed by every organization providing ambulance service.
      a. Seek legal counsel in its development.
      b. Follow those procedures closely.
   4. The premise upon which most State laws are based suggests that one person may restrain another to protect life or prevent injury.

B. Point out that if, in the EMT's assessment of the patient, he feels the patient may be homicidal, an EMT should not attempt restraint (ask the students what to do).
   1. If he is armed, move everyone out of range.
   2. Contact law-enforcement personnel.
   3. Stand by.
   4. Avoid heroic efforts.

C. Point out that if violent behavior must be contained, "reasonable force" may be used in restraining the patient (ask for definition of "reasonable force").
   1. Seek police authorization.
   2. Plan your restraining actions.
   3. Use only that force necessary to restrain the patient—do not be overly zealous.
   4. Be sure you have adequate manpower (at least four strong individuals).

D. Discuss method of restraint.
   1. Place the patient supine (assuming there are no other injuries).
   2. Apply one cravat to each wrist and ankle with a clove hitch.
   3. Use two other cravats to tie the wrists and ankles together.
   4. Secure the tails of the extremity cravats to opposite sides of the stretcher frame (e.g., left wrist cravat tails to right side of the cot *frame*).
   5. Secure the patient's upper body with a 9-foot strap around the upper thoracic cavity and the stretcher frame.
   6. Secure the patient's midsection with a strap around his waist and the stretcher frame.
   7. Secure the patient's lower extremities with a strap around both legs, just above the knees and around the stretcher frame.

E. Point out that if transported without restraint, an EMT should:
   1. Have the patient lie down
   2. Position himself between the patient and the doors
   3. If the patient becomes dangerous to himself or others, restrain him en route

F. Introduce Demonstration 4.2.1.S.

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4.3. Use of local resources (ask the class to list local resources)

NOTES

A. Paramedics are members of the team that manages emotionally disturbed patients.
   1. Paramedics are often the first to see the patient.
   2. If paramedics are the first involved, it is their responsibility to facilitate the involvement of the other members of the team.

B. Field crisis workers may be available in some communities.
   1. They are specially trained in the field management of emotional crisis—professionals and paraprofessionals.
   2. They may be summoned to the scene with a relatively rapid response time.
   3. An EMT should contact these individuals to discuss:
      a. Their training
      b. Their availability
      c. Situations in which they should be contacted
      d. The procedures for contacting them
      e. Respective responsibilities at the scene when they arrive

C. Most States have established bureaus of mental health.
   1. Often provide referral services for patients
   2. May be responsible for the administration of involuntary commitment procedures
   3. May be consulted for specific training requests

D. Local law enforcement personnel are useful and important in the management of a limited number of emotionally disturbed patients.
   1. Some emotionally disturbed patients may be transported under arrest.
      a. If so, remember you are acting as an agent of the police.
      b. Require a police officer to accompany you in the vehicle, if possible.
   2. A good rapport should always be maintained between ambulance providers and police—especially important in the management of:
      a. Violent patients
      b. Homicidal patients
   3. Good communication links are critical to the rapid response of law enforcement personnel when needed.

Demonstration 4.2.1.S: Restraint of a Violent Patient

NOTES

Equipment

Cravats (six)
Multilevel stretcher
Nine-foot restraining straps (three)
One student acting as a patient

Procedure

Position equipment in front of the class so that it is easily accessible.

Position the stretcher so that all students can see it.

As the skill is demonstrated, describe what is being done. Specifically, detailed instructions should be provided, including such things as:

- Hand position and movements
- Complications
- Critical errors
- Alternate procedures

Steps

Demonstrate on the "patient" the following skills (assume that no other injuries are present):

1. Place the patient supine on the stretcher.
2. Apply one cravat to each wrist and ankle with a clove hitch.
3. Tie the wrists together with another cravat.
4. Tie the ankles together with another cravat.
5. Secure the tails of the extremity cravats to the opposite sides of the stretcher frame (e.g., left arm to right side, right arm to left side).
6. Secure the patient's upper body with a 9-foot strap around upper thoracic cavity and stretcher frame.
7. Secure the patient's lower extremities with a strap around both legs just above the knees and around stretcher frame.
8. Check all knots.

NOTE: After the demonstration, ask the students if they have any questions or if they would like to see part of the demonstration repeated. Depending on the approach and schedule, the instructor may want the students to practice at this time or at least have one student repeat the demonstration, with the instructor talking the student through the skill, pointing out the errors.

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Practice Session 1

Equipment

Multilevel stretcher (one for every five or six students)
Cravats (six per stretcher)
Nine-foot restraint straps (three per stretcher)

Skills

4.1.1.S Restraint of a violent patient

Procedure

Divide the class into groups of five or six.

Give each group a complete set of equipment as described above.

Each group should practice the listed skill, once with a passive patient, and at least once with a resisting patient.

Student's name _____

Date_____

Pass 1 2 3

Fail 1 2 3

Skill Evaluation 4.2.1.S: Restraint of a Violent Patient

Place an "X" in the appropriate column to indicate the steps that are incorrect, out of sequence, or omitted. The student should be given three attempts to perform the skill.

Equipment

Cravats (six)
Multilevel stretcher
Nine-foot restraining straps (three)
A fellow student as a patient

Procedure

Set up evaluation stations with one set of equipment each (the number of instructors will determine the number of stations).

Have the students wait in an area separate from the evaluation stations.

Instruct the students to report to the evaluation station in groups of four.

As the students complete their evaluation, instruct them to return to the waiting area to send another group to the station.

Steps

___ ___ ___ A. Place the patient supine on a stretcher.

___ ___ ___ B. Apply one cravat to each wrist and ankle with a clove hitch.

___ ___ ___ C. Tie the wrists together with another cravat.

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___ ___ ___ D. Tie the ankles together with another cravat.

___ ___ ___ E. Secure the tails of the extremity cravats to the opposite sides of the stretcher frame (e.g., left arm to right side, right arm to left side).

___ ___ ___ F. Secure the patient's upper body with a 9-foot strap around the upper thoracic cavity and the stretcher frame.

___ ___ ___ G. Secure the patient's lower extremities with a strap around both legs just above the knees and around the stretcher frame.

___ ___ ___ H. Check all knots.

NOTES

UNIT 5

emt-p

CLINICAL EXPERIENCE

NOTES

Description of Unit

In the previous units, the students were trained to perform skills in simulated situations in the classroom. The purpose of the clinical experience is to provide the student with the opportunity to become proficient in the skills presented in the classroom setting.

If a number of modules are being presented together, it is not necessary for the clinical experience to be presented after each module. The clinical experience associated with each module can be combined and presented upon completion of the classroom sessions.

Objectives

The following objectives are proposed for the psychiatric unit. Because of patient availability, it is possible that all skills listed below may not be performed by the student, but as many as possible should be observed and practiced by the student under the supervision of the preceptor.

During the experience in the psychiatric unit, the student will have the opportunity to practice on actual patients under direct supervision and to demonstrate, with proficiency and to the satisfaction of the preceptor, each of the following:

- Observe the management of and assist in the interviewing of patients with the following disturbances:

  — Suicidal tendencies
  — Hostility or violent behavior
  — Acute grief or depression

— Paranoia
— Hysterical conversion

- Assist in the restraint of combative patients
- Record the use of drugs used for the treatment of the problems mentioned above.

Upon completion of the clinical experience, the trainee should be involved in a supervised internship on the vehicle. During this internship, the trainee will be supervised by a preceptor (physician, nurse, or certified EMT) in the skills presented during the training program. Guidelines for this internship are identical to those presented for the other clinical areas, and should be used as a reference. Specific guidelines for the internship and sample checklists may be found in Appendix A of the *Instructor Lesson Plans.*

Preceptor Activities

Review the objectives with the course coordinator and discuss which objectives are to be included in the unit activities. If the preceptor has any questions concerning specific skills or procedures, he should be referred to the appropriate module for a review of the materials presented to the student.

Have the student sign in and determine his proper attire, for example, sterile greens.

Review the rules and operating procedures within the unit, making certain to define the student's role within the unit. Any special regulations concerning the student's activities should be defined.

Define those skills that will and will not be included in this instructional unit, but were discussed during the classroom activities.

Review the history, diagnosis, complications, and treatment of each patient in the unit. The activities of the student should not be limited to those specifically defined in the objectives.

For each activity, demonstrate the skill initially, coach the student through the skill at least one time, and then observe the student as he performs the skill.

Supervise the student when he is performing activities within the unit. The preceptor should review critically the student's technique and suggest corrections when appropriate.

Assist and evaluate the student until he is competent in each activity on the checklist.

Answer any of the student's questions concerning activities in the unit or specific patients and their conditions.

NOTES

Review the objectives for this instructional unit periodically, and discuss the student's progress with respect to the items on the checklist.

Mark the student's activities checklist after each clinical session. The checklist should be marked indicating the number of total observations (O), total attempts to perform the activity by the student (T), and the number of successful attempts (S) for each activity. Once the student has successfully demonstrated the skill to the satisfaction of the preceptor, the session number during which the preceptor made the evaluation should be entered in the "Completed" column. Any comments should be listed in the appropriate space. Specifically, comment should be made if the student does not become proficient at any given skill. Once the student has successfully demonstrated his proficiency at a given skill, however, he should still continue to perform the skill while in the unit.

NOTES

Student Activities

The student should:

- Report to the specialty unit on his scheduled date and shift and "sign in" with the supervisor
- Review the rules and operating procedures within the unit with the preceptor, making certain that his role in the unit is defined
- Review the history, diagnosis, complications, and treatment of each patient in the unit
- Observe and participate in unit activities as directed by the preceptor (If the student observes a technique or procedure performed differently from its presentation during the classroom activities, he may question the preceptor about differences observed, but remember that the techniques presented during the lecture may not be the only correct method.)
- Perform each activity on the checklist (when appropriate) under the direct supervision of the preceptor (If the student is unsure of the activity, the preceptor will demonstrate the skill.)
- Review each activity performed with the preceptor, and be sure the preceptor critiques his performance
- Be sure the preceptor marks the checklist after each clinical session
- Develop a log on each patient seen during the experience—the log should include the following information as a minimum:

- Patient's record identification—use identification number rather than patient's name
- Major problem—that is, trauma, acute appendicitis
- Complications
- Skills and activities observed
- Skills performed—that is, initiated IV, monitored cardiac activity

The preceptor and the student should review the objectives in the instructional unit and discuss which activities will be included in the experience.

NOTES

CLINICAL TRAINING CHECKLIST

Psychiatric Unit

Student's name _____

Com-pleted	Activities (objectives)	Session number														Comments
		1			2			3			4			5		
		O	T	S	O	T	S	O	T	S	O	T	S	O	T	S	
	Management of patients with: Suicidal tendencies Hostility or violent behavior Acute grief or depression Paranoia Hysterical conversion															
	Preceptor															
	Date															

Note.—O = observations; T = student attempts; S = successful attempts.

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Psychiatric Unit—*Con.*

Student's name _____

Completed	Activities (objectives)	Session number 1 O	1 T	1 S	2 O	2 T	2 S	3 O	3 T	3 S	4 O	4 T	4 S	5 O	5 T	5 S	Comments
	Interview patients Suicidal tendencies Hostility or violent behavior Acute grief or depression Paranoia Hysterical conversion																
	Restrain combative patients																
	Observe action of pharmacologic agents administered																
	Preceptor																
	Date																

Note.—O = observations; T = student attempts; S = successful attempts.